

U.S. Department of Energy

OAK RIDGE OPERATIONS OFFICE

ANNOUNCEMENT

OR 3900

September 20, 1999

SUBJECT: INFLUENZA VACCINE

Influenza vaccine will be available again this year for U.S. Department of Energy employees. The vaccine recommended by the U.S. Public Health Service for the 1999-2000 influenza season will provide protection against A/Beijing 262/95 (H1N1), A/Sydney/05/97 (H3N2) and B/Yamanashi/166/98, (B/Beijing/184/93 - like strain). Immunity declines in the year following vaccination; therefore, a vaccination for the 1998-1999 season does not preclude the need to be revaccinated for the 1999-2000 season. There are approximately 20,000 deaths per year in the United States due to influenza illness.

Beginning **Monday, October 4, 1999**, employees in the Federal Office Building (FOB) will be scheduled daily by offices to receive the vaccine. Please contact your supervisor for the time your group is scheduled. Only one injection is needed per person.

Employees located at the Office of Scientific & Technical Information Center (OSTI), Y-12, X-10, K-25, Office of Inspector General, and 55 Jefferson should not come to the FOB. Nurse Iris Housley, RN, will administer the vaccine at those locations.

All employees are requested to read the attached (see reverse side) Group Immunization Patient Informed Consent Form and complete the consent portion before receiving their injection. **Please bring the completed portion when you come to receive the vaccine.** Employees under 18 years of age must bring written permission from a parent or guardian before receiving the vaccine.

Individuals who are allergic to eggs, chicken, chicken feathers, chicken dander, or any component of the vaccine **should not** receive the vaccine except from their private physician. Individuals who have an acute respiratory disease, asthma, active infection, or are pregnant should not receive the vaccine.

Nurse Iris Housley, RN, has usual office hours from 7:30 a.m. - 12 noon and 1:00 - 4:00 p.m. at the FOB, Room 1207, except Monday and Friday afternoon when she is at OSTI from 1:00 - 4:00 p.m. Make-up injections will be given as long as vaccine is available. If you have questions about the Influenza Vaccination Program, please call Nurse Iris Housley at 576-0682.

Lois Jago, Chief
Personnel and Management
Analysis Branch

Attachment (see reverse side)

DISTRIBUTION: TO ALL ORO & OSTI EMPLOYEES

No: 24

**FLUZONE
GROUP IMMUNIZATION
PATIENT INFORMED CONSENT FORM**

Influenza Virus Fluzone Vaccine, Trivalent, Types A & B Connaught Laboratories, Inc.

1999-2000 Season: A/Beijing 262/95 (H1N1), A/Sydney/05/97 (H3N2) and B/Yamanashi/166/98, (B/Beijing/184/93 - like strain).

THE FLU - Influenza (flu) is a respiratory infection caused by viruses. When people get the flu, they may have fever, chills, headache, dry cough, or muscle aches. Illness may last several days, a week, or more, and complete recovery is usual. However, complications may lead to pneumonia or death in some people. Influenza can cause severe malaise lasting several days.

It is not possible to estimate the risk of an individual getting the flu this year, but for the elderly and for people with diabetes, heart, lung, or kidney diseases, the flu may be especially serious.

THE VACCINE - An injection of the flu vaccine will not give you the flu, because the vaccine is made from an inactivated, split virus. The vaccine is made from viruses selected by the Office of Biologics, Food and Drug Administration, and the Public Health Service.

RISKS AND POSSIBLE SIDE REACTIONS - Side effects of flu vaccine are generally mild in adults and occur at low frequency. These reactions consist of tenderness at the injection site, fever, chills, headaches, or muscular aches. These symptoms may last up to 48 hours and occur 6-12 hours after vaccination.

A small number of persons who received the 1976 Swine Flu Vaccine suffered a paralysis called Guillain-Barre Syndrome (GBS). GBS is typically characterized by a paralysis that begins in the hands or feet and then moves up the arms or legs or both. GBS is usually self-limiting, and most persons with GBS recover without permanent weakness. In approximately 5 percent of the cases a permanent or even fatal form of paralysis may occur. In 1976 GBS appeared with excess frequency among persons who had received the 1976 Swine Flu Vaccine. For the 10 weeks following vaccination, the risk of GBS was found to be approximately 10 cases for every 1 million persons vaccinated. This represents a 5 to 6 times higher risk than in unvaccinated persons. Younger persons (under 25 years of age) had a lower risk than others and also had a lower case fatality rate.

Data on the occurrence of GBS have been collected during 3 flu seasons since the surveillance began in 1978. This data suggests that, in contrast to the 1976 situation, the risk of GBS in recipients of flu vaccine was not significantly higher than that in nonvaccines. Nonetheless, persons who receive flu vaccines should be aware of this possible risk as compared with the risk of flu and its complications.

SPECIAL PRECAUTIONS - Children under 6 months of age and pregnant women should consult with their personal physicians before receiving this vaccine. The safety and efficiency of the vaccine between 6 months and 4 years has not been established.

Persons who are allergic to eggs, chickens, chicken feathers, chicken dander, or to any component of the vaccine should not receive this vaccine until they have consulted their personal physicians. Delay vaccination in persons with active neurological disorder but vaccinate when disease is stable.

Persons with fever should not receive this vaccine. Persons who have received another type of vaccine within the past 14 days should see their personal physicians before receiving this vaccine.

If you have a reaction, see your personal physician immediately. If you have any questions, please ask.

**CONSENT 1999-2000
INFLUENZA FLUZONE VIRUS VACCINE
Connaught Laboratories, Inc.
Lot U0094AA, Expiration Date: 06/30/00**

I have read the above information and have had an opportunity to ask questions. I understand the benefits and risks of the flu vaccination as described. I request that the vaccine be given to me or to the person named below for whom I am authorized to sign. 1999-2000 A/Beijing 262/95 (H1N1), A/Sydney/05/97 (H3N2) and B/Yamanashi/166/98, (B/Beijing/184/93 - like strain).

INFORMATION CONCERNING PERSON TO RECEIVE INFLUENZA VACCINE

NAME (Please Print)	DATE OF BIRTH	AGE
---------------------	---------------	-----

ADDRESS	CITY	STATE	ZIP
---------	------	-------	-----

SIGNATURE OF PERSON TO RECEIVE VACCINE (OR PARENT/GUARDIAN)	DATE
---	------